		ntee: Jon an l	Berall	- Cket: 8361 B
	or Patent l r Issued	No.		·
For:	LARYNGOSC	OPE FOR USE IN	TRACHEA INTUBATION	
	ROOM	·		
62 62	111 111	VERIFIED STATEMENT FATUS [37 CFR 1.90	(DECLARATION) CLAIMING (f) and 1.27(b)] - INDE	S SMALL ENTITY PENDENT INVENTOR
dofinal	RADE TO CER	1.9(c) for purpos	es of paying reduced fe	es an independent inventor as es under Section 41(a) and (b) ark Office with regard to the
invention describe	on entitled	LARYNGOSCOPE	FOR USE IN TRACHEA	INTUBATION
	[XX] the	e Specification fi Dication Serial N	o,	filed
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tract or son who	law to as could not ad made th	sign, grant, conv be classified as e invention, or t	ey or license, any right an independent inventor	under no obligation under con- its in the invention to any per- under 37 CFR 1.9(c) if that ild not qualify as a small busi- on under 37 1.9(e).
censed o	r am under	rn or organizatio an obligation un n the invention i	der contract or law to	ned, granted, conveyed, or li- assign, grant, convey, or li-
	[XX] no [ ] per	such person, conc sons, concerns or	ern, or organization organization be	1ow*
	со	parate verified s ncern, or organiz their status as	ation having rights to	from each named person, the invention averring
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in statu	s resultin	g in loss of enti	tlement to small entity the issue fee or any m	ent, notification of any change status prior to paying, or at aintenance fee due after the riate. [37 CFR 1.28(b)].
all stat these st so made of the U lidity o	ements madatements was are punishanited State	e on information ere made with the able by fine or ine code, and that ication, any pater	and belief are believed knowledge that willful mprisonment, or both, u such willful false sta	knowledge are true and that to be true; and further that false statements and the like nder Section 1001 of Title 18 tements may jeopardize the va- any patent to which this veri-
Jonatha	n Berall			
	INVENTOR	NAME OF INVENT	OR NAME OF INVEN	TOR NAME OF INVENTOR
In Il	lan Roma	PO .xi.x.		
Signatur	e of	Signature of	Signature of	Signature of
Invento	r	Inventor	Inventor	Inventor
January Date	2, 1997	Date	Date	Date
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below next to	my name; I believe that;	reby declare that my residence, po am the original, first and sole inv al names are listed below) of the s led <u>LARYNGOSCOPE</u> FOR	entor (if ontwone name is object matter which is cla	s listed be aimed and	low) or a	in :h
as Application I hereby state claims, as ame material to the hereby claim for or inventor's o	that I have reviewed and ended by any amendments examination of this apporting priority benefits uncertificate having a filing	X is attached hereto; was filed and was amended on (or amend understand the contents of the (s) referred to above. I acknowled lication in accordance with Title ader Title 35, United States Code, date before that of the application	ded through)above-identified specification in the duty to disclose in the disclose in th	(if apation, incl of ormations, ( ulations, ( ication(s)	luding tl n which i1.56(a).	ne is I
Prior F	oreign Application(s)					
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e duty to discl	ose material information ng date of the prior appli	d by the first paragraph of Title 3 as defined in Title 37, Code of Focation and the national or PCT i	ederal Regulations, §1.56	(a) which of this app	occurred	1 : ·
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pplication Serial No.)		(Filing Date)	(Status — Patented, P	ending of A	bandoned;	)
formation and illful false stat	I belief are believed to be ements and the like so m Inited States Code and the	s made herein of my own knowled true; and further that these state ade are punishable by fine or imp at such willful false statements ma	ements were made with the prisonment, or both, and	he knowle ler Section	dge that	l T
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ddress is: ew York 100 ubstitution	Hart, Baxley, Da 038, telephone (21) n and revocation,	niels & Holton, 59 John 2)791-7200 ),as my (our) to prosecute this applicationark Office connected	Street, Fifth Flo attorney with ful ation, and to tra	oor,∴N 1 power	ew Yor of	_
full Name of First	or Sole Inventor	Citizenship				
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United States Date - January 2, 1997

I'l See second page for additional joint inventors.